

1042

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 20 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P03000006581

1. Corporation Name

CPH INSURANCE GROUP, INC

7311 NW 12 STREET

7311 NW 12 STREET

2. Principal Office Address

7311 NW 12 STREET

3. Mailing Office Address

7311 NW 12 STREET

Suite, Apt. #, etc.

9

Suite, Apt. #, etc.

9

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 01/15/2003

5. FEI Number

13-4234726

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HERNAN D. OLORTEGUI

Street Address (P.O. Box Number is Not Acceptable)

7311 NW 12 STREET

Suite, Apt. #, Etc.

9

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	HERNAN D. OLORTEGUI	7311 NW 12 STREET, # 9	MIAMI, FL 33126

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/2004

Date

305-389-3257

Daytime Phone #

CR2E081 (01/04)

2042

Miami, July 6, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: CPH INSURANCE GROUP, INC
Doc Number P03000006581

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

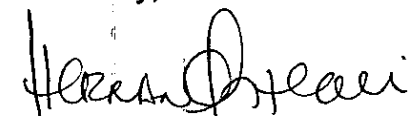
We are enclosing a check for \$150.00 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2003.

Your consideration will be greatly appreciated.

Sincerely,



Hernan D. Olortegui
President
7311 NW 12 Street, # 9
Miami, FL 33126